

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000149518

**Entity Name:** ELEVATE220, LLC

**Current Principal Place of Business:**

35 FLOWERTREE DR.  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

35 FLOWERTREE DR.  
ORMOND BEACH, FL 32174 US

**FEI Number:** 84-1987916

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NOVAK, KAREN  
35 FLOWERTREE DR.  
ORMOND BEACH, FL 32174 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AMBR  
Name NOVAK, PAUL  
Address 8632 FARRALONE AVE.  
City-State-Zip: WEST HILLS CA 91304

Title AMBR  
Name GRZESZKIEWICZ, LAURA  
Address 10063 51ST CT.  
City-State-Zip: PLEASANT PRAIRIE FL 53158

Title AMBR  
Name GRZESZKIEWICZ, STEVEN  
Address 10063 51ST CT.  
City-State-Zip: PLEASANT PRAIRIE FL 53158

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LAURA GRZESZKIEWICZ

MRS.

01/29/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date